



APPLICATION FOR EXCISE DUTY CONCESSION FOR DISABLED PERSON
(DEAF OR BLIND)- Item 53

PART A - GENERAL

- 1. Name of Applicant:
- 2. Address:
- 3. Occupation:
- 4. Phone No: 5. NIC No.

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- 6. Name of Employer:
- 7. Address of Place of Work:
- 8. Driving License No. of Driver (if available):
- 9. Is this your first application: YES/NO**. If No, please give details of the motor car and the date you last benefited from duty concession:
- 10. Make and Model of vehicle to be purchased: (Quotation to be attached)*
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PART B - DECLARATION

I,, certify that the information given above is true
(Applicant / representative – delete as appropriate)
and correct. I also undertake to produce to MRA Customs copies of the documents listed in Part C of this application form.

Signature : NIC No.

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Date :

** Please Note: An applicant who applies for excise duty concession for himself, under item 53 of Part 1A of the First Schedule to the Excise Act is entitled to 100% excise duty concession on a car not exceeding 1600 cc. A beneficiary may opt to buy a car of higher engine capacity, of not be more than 2250 cc provided that the difference in excise duties and taxes is paid.*



**PART C: CHECKLIST - DOCUMENTS TO BE SUBMITTED WITH APPLICATION
(ORIGINALS TO BE PRODUCED + 2 PHOTOCOPIES TO BE SUBMITTED)**

- (a) Copy of the applicant's National Identity Card.
- (b) Copy of the valid Driving License for driver.
- (c) A certificate from a medical practitioner specifying the disability.
- (d) A document certifying that the Applicant is in gainful employment from the employer.
- (e) A quotation, brochure or literature from the local agent providing the specifications of the vehicle, which the applicant intends to purchase.
- (f) Any other documents that may support the application, including a proof of the address of the applicant's place of work, copy of horse power of previous duty exempted car, pay slip / pay receipt etc.

FOR OFFICIAL USE ONLY

PART D - APPROVAL/REJECTION**

- 1. Name of applicant:
- 2. Brief of the status of the application:
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- 3. A certificate from the medical board of the Ministry responsible for the subject of social security for the disability submitted - YES / NO**

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Name of Officer	Signature	Empl No	Date

4. Application approved: YES / NO**

Reasons for Rejection:
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Signature	Name and Status of Officer	Date

** Tick as appropriate